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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	2156 CON IV (203-2287 CON IV)
First Inventor	Nicholas et al.
Title	ANASTOMOSIS INSTRUMENT AND METHOD
Express Mail Label No.	EV349838416US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 33]
<i>(preferred arrangement set forth below)</i>
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (<i>if filed</i>)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24]</p> <p>5. Oath or Declaration [Total Sheets 6]
 a. <input type="checkbox"/> Newly executed (original or copy)
 b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i>
 i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i>
 a. <input type="checkbox"/> Computer Reader Form (CRF)
 b. <input type="checkbox"/> Specification Sequence Listing on:
 i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
 ii. <input type="checkbox"/> Paper
 c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|--|---|

ACCOMPANYING APPLICATION PARTS

- | |
|---|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of
<i>(when there is an assignee)</i> <input type="checkbox"/> Attorney
 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1499
 13. <input type="checkbox"/> Preliminary Amendment
 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i>
 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i>
 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
 17. <input checked="" type="checkbox"/> Other: Check in the amount of \$750.00 </p> |
|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: 10/191,599

Prior application information: Examiner Gary Jackson Art Unit: 3731
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<i>(Insert Customer No. or Attach bar code label here)</i>			OR	<input checked="" type="checkbox"/> Correspondence address below
Name					
Address	United States Surgical, a Division of Tyco Healthcare Group LP 150 Glover Avenue				
City	Norwalk	State	CT	Zip Code	06856
Country	US	Telephone	203-845-1000	Fax	203-845-4266
Name (Print/Type)	Edward C. Meagher		Registration No. (Attorney/Agent)	41,189	
Signature			Date	8/18/03	

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV349838416US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 18, 2003

Adrienne Fagan
Adrienne Fagan

03944 U. S. P. T. O.
10/642918



1592 U.S.P.T.O.
8/18/03

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complaint if Known	
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Nicholas et al.
Examiner Name	Not Yet Assigned
Art Unit	3731
Attorney Docket No.	2156 CON III (203-2287 CON IV)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

50-2140

Carter, DeLuca, Farrell & Schmidt, LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	750.00
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 750.00)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
8			-20** = 0	x 18	= 0.00
2			- 3** = 0	x 84	= 0.00
					280 = 0.00

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY (Complete if applicable)

Name (Print/Type)	Edward C. Meagher	Registration No. (Attorney/Agent)	41,189	Telephone (631) 501-5708
Signature				

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